

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b>	10/541,792
		<b>Filing Date</b>	03/08/2006
		<b>First Named Inventor</b>	Henrik Guldmann RASMUSSEN
		Group Art Unit	3744
		Examiner	William E. Tapolcai
Total Number of Pages in This Submission	5	Attorney Docket Number	742113-35

## **TRANSMITTAL FORM**

*(to be used for all correspondence after initial filing)*

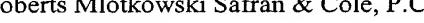
**ENCLOSURES** (*check all that apply*)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form                                 | <input type="checkbox"/> Assignment Papers<br><i>(for an Application)</i> | <input type="checkbox"/> After Allowance Communication to Group                                      |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                  |
| <input checked="" type="checkbox"/> Request for Reconsideration / Reply       | <input type="checkbox"/> Declaration and Power of Attorney                | <input type="checkbox"/> Appeal Communication to Group<br><i>(Appeal Notice, Brief, Reply Brief)</i> |
| <input checked="" type="checkbox"/> After Final                               | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                            | <input type="checkbox"/> Petition   | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                            | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Application Data Sheet  |
| <input type="checkbox"/> Express Abandonment Request                          | <input type="checkbox"/> Change of Correspondence Address                 | <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures                        |
| <input type="checkbox"/> Information Disclosure Statement, Form PTO/SB/08     | <input type="checkbox"/> Terminal Disclaimer                              | <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt                 |
| <input type="checkbox"/> Certified Copy of Priority Document(s)               | <input type="checkbox"/> Request for Refund                               | <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>                          |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application | <input type="checkbox"/> CD, Number of CD(s) _____                        |  |
| <input type="checkbox"/> Response to Missing Parts                            |   |  |

## Remarks

The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2478 for the above identified docket number.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	David S. Safran, Reg. No. 27,997 Roberts Mlotkowski Safran & Cole, P.C. PO Box 10064 McLean, VA 22102
Signature	
Date	April 9, 2009

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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